

Online Casework Authorization

Senator Jim Talent
State of Missouri

Date _____

Name _____

Address _____

City, State, Zip Code _____

Phone: Home _____ Business _____ Cell _____

Please complete the blanks where applicable:

Social Security number _____

Veteran's claim number _____

Other number identifying your case _____

Type of benefits you are seeking _____

Date and place claim was filed _____

Agency involved _____

Additional information _____

In accordance with the provisions of the Privacy Act, I hereby authorize Senator Jim Talent or a member of his staff to make the appropriate inquiry on my behalf.

Sincerely,

(Signature)

Please return to:

Senator Jim Talent

400 Powell Senate Office Building